	PATENT	ORE	)	10-9	211	- 115	2						
CLAIMS AS FILED - PART ( (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHE	R THAN L ENTITY	
Γ	OTAL CLAIM	S	27	27		·		RATE	FEE	٦	RATE	FEE	_
FOR			NUMBE	NUMBER FILED		BER EXTRA	•	BASIC F	EE 385.00	OR		1	
TOTAL CHARGEABLE CLAIMS			27 n	27 minus 20=		7		X\$ 9=		OR	'XS18=		
INDEPENDENT CLAIMS			5	5 minus 3 =		2		X43=	86	OR	X86=	1	_
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT '				+145=	100	7		-	٦
• !	* If the difference in column 1 is less than zero, enter "0" in column 2								+	OR	+290=	ļ	4
/// CLAIMS AS AMENDED - PART II								TOTAL	·	JOR	TOTAL		4
6/8/06 (Cotumn 1)				(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	-
	Total	- 29	Minus	- 6	17	-2		X	1	OR	*STE	100	1
	Independent	• 7	Minus	J 5	) · · · · · · · · · · · · · · · · · · ·	.2		X CO	1	OR	最級	450	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		1
							L	TOTAL			TOTAL		┨
(Column 1) (Column 2) (Column 3)								DDIT. FEE		<b>1</b> 0,	ADDIT. FEE	<u> </u>	1
AMENDMENT B	9/6/06	CLAIMS REMAINING - AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	- 20	Minus	- 20	1_	• / ·		X\$ 9=	. /	OR	X\$18≖	/ .	ı
AM	Independent	NTATION OF AU	Minus	- /	<u> </u>	<del>-/</del>		X43≖ ·	1	OR	X86=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /									OR	+290=		1
							- AE	TOTAL DIT. FEE		OR A	YOYAL DDIT, FEE		
		(Column 1)		(Column	(2)	(Column 3)				•	•	1	I
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	• .	Minus	6-a		8		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	944		•		X43≖		·	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						$\vdash$	145=		OR			
	If this entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
4i	the "Highest Nut	nber Previously Pai nber Previously Pai ber Previously Paid	d For in This id For in This	S SPACE is to S SPACE is to	es than	20, enter "20."	ADI	TOTAL DIT. FEE			TOTAL		
						•-	_					1	ı

Application or Docket Number